

**SECURITY LEVEL 5 HOUSING UNIT
EXERCISE, SHOWER, SHAVE SIGN-UP**

18-CV-1527

Date: 2/6/2018 GA

Codes:

IND = Indigent

DEF000091

**SECURITY LEVEL 5 HOUSING UNIT
EXERCISE, SHOWER, SHAVE SIGN-UP**

Date: 2/7/2018 GA

Codes:

D = Inmate denied opportunity

R = Inmate refused opportunity (Verbal or Physical Response Required)

N/A = Specific activity not available on this date

INA = Inmate not available (ATA, etc.)

RZ = Razor,

NC = Nail Clippers

IND = indigent

5

Abbreviations

DEF000092

A

(Exhibit 50)

0105

Form DC-141 Part 1 Rev. 12/2017		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS				D031777	
<input checked="" type="checkbox"/> MISCONDUCT REPORT <input type="checkbox"/> OTHER <input type="checkbox"/> DC-ADM 801 INFORMAL RESOLUTION							
DC Number NAB401	Name BROWN	Institution SCI H	Incident Time 24 Hr. Base 1130	Incident Date 2-8-18	Date of Report 2-8-18		
Quarters ED 1025	Place of Incident GA Showers						
OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)							
DC Number	Name	I	W	DC Number	Name	I	W
STAFF	CO1 B. HARRIS		X				
MISCONDUCT CHARGE OR OTHER ACTION							
CLASS 1 #35 Refusing to obey an order.							
STAFF MEMBER'S VERSION							
On 2-8-2018 at approx 1130 hrs, I went to the Showers on the Bottom of GA quad where inmate NAB401 Brown stated to me "I already told Harris but I am not taking a cellie." He was given a Direct order to take a cellmate. Inmate Brown replied "I am not going back to work."							
IMMEDIATE ACTION TAKEN AND REASON							
Inmates informed of this report - Not appropriate for informal resolution due to charges continued current status until seen by Hox							
PRE-HEARING CONFINEMENT							
IF YES							
<input type="checkbox"/> YES	TIME	DATE					
<input checked="" type="checkbox"/> NO	Continued	Continued					
REPORTING STAFF MEMBER SIGNATURE AND TITLE		ACTION REVIEWED AND APPROVED BY RANKING C.O. ON DUTY SIGNATURE AND TITLE			DATE AND TIME INMATE GIVEN COPY		
col K Myers		R Cooper Col			2-8-18 1430		
YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER				MISCONDUCT CATEGORY		Signature of Person Serving Notice	
DATE		TIME		<input checked="" type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2		Newer col	
2/10/2018		0800					
Notice to Inmate							
You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say shall be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you shall be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have shall be revoked.							
WHITE - DC-15		YELLOW - Inmate		PINK - Reporting Staff Member			

(EXHIBIT 51)

Job Code	Pay Scale Group	Pay Scale Type	Bargaining Unit	Type Service	Executive Board Change	Last Change Effective	Job Specification Effective
47230	04	CM	H3	C	999-99	1/1/2019	2/10/2017

JOB TITLE: CORRECTIONS OFFICER 3
JOB CODE: 47230

SERIES NATURE OF WORK: The Corrections Officer job series describes work involving the care, custody, control, and non-professional counseling of inmates.

DEFINITION: This is supervisory and/or administrative work in the care, custody, control, and non-professional counseling of inmates on an assigned shift in a state correctional facility, or supervisory and/or administrative work within the Central Office of the Department of Corrections.

An employee in this job in a correctional facility is responsible for observing and directing the activities of subordinate corrections officers and inmates during an assigned shift to ensure security is maintained and facility rules are adhered to, or performs administrative duties of equivalent scope and complexity. An employee in this job may also assume sole authority and responsibility for facility operations on an assigned shift where a higher-level corrections officer is not assigned and in the absence of an administrative supervisor. An employee in this job exercises discretion and considerable independent judgment in the performance of daily tasks or under emergency conditions. Work is performed according to established rules and regulations and is reviewed by a higher-level officer or administrative supervisor through direct observation, inspections, and reports.

- In a Central Office setting, an employee in this job is responsible for assisting in developing and implementing policies and procedures for programs related to security, inmate abuse allegations, staff misconduct, drug interdiction, or other areas of operations, and for monitoring facility compliance; or is assigned in an administrative and training capacity to the Department's Training Academy.

DISTINGUISHING CHARACTERISTICS:

- Work is differentiated from the lower-level job by the responsibility for supervising lower-level corrections officers and/or performing administrative duties that include assisting with the development and effective implementation of agency or facility program policies and procedures.

EXAMPLES OF WORK: (NOTE: The examples of work are representative of the work, but every position classified to this job may not perform all examples of work listed. Conversely, this is not an all-inclusive list of work examples.):

- Supervises and directs the security functions of subordinate corrections officers.
- Directs facility operations, such as, security, food service, plant maintenance, medical services, and recreation on an assigned shift where a higher-level corrections officer is not assigned and in the absence of an administrative supervisor.
- Supervises and participates in searches of inmates and visitors and inspections of facility grounds and buildings to ensure conformance with departmental policies and procedures and documents any violations.
- Supervises and provides non-professional counseling to inmates on issues related to facility adjustment as well as matters of a personal nature.

(Exhibit 52)

- Observes Inmate behavior and takes appropriate action when anything unusual is detected.
- Participates as a member of a housing unit team.
- Conducts and participates in operational inspections to observe officers' performance, ensures officers are alert and diligent in the performance of their duties, ensures compliance with facility operations, and observes inmates' behavior.
- Monitors Corrections Officer Trainees' progress through observation, discussions with employees and other staff, and review of progress reports.
- Interprets rules, regulations, policies, and objectives of the facility to subordinate corrections officers and to inmates.
- Interviews inmates and staff, investigates incidents of inmate abuse or staff misconduct, and prepares required reports of findings and conclusions.
- Handles and secures evidence obtained from investigations and maintains chain-of-custody.
- Takes, receives, and verifies periodic counts of inmates.
- Investigates and prepares reports regarding findings, with conclusion and recommendations on infractions of the rules and regulations by staff and inmates, initiates corrective action, and recommends major corrective disciplinary action or dismissal.
- Authorizes and reviews the use of force.
- Supervises and participates in the search of visitors and in the inspection of incoming and outgoing vehicles, materials, and supplies for the presence of contraband and to prevent escape.
- Serves as a member of a facility Program Review Committee.
- Receives inmate and staff grievances, complaints, and requests and conducts initial investigation into causes and conditions, and resolves or recommends resolution.
- Prepares required reports on inspections and activities.
- Serves as a liaison with agency facilities or federal, state, and local law enforcement agencies.
- Audits and reviews facilities' security operations to ensure compliance with policies, rules, and regulations.
- Ensures that searches conducted by the Drug Interdiction Teams are in accordance with established procedures.
- Reviews extraordinary incident, inmate misconduct, and/or other reports prepared by facility staff to determine program and procedural compliance.

DEF000005

(EXhibit 53)

- Performs the full range of supervisory duties.
- Employees in this job may participate in the performance of subordinates' work consistent with operational or organizational requirements.
- Performs related work as required.

ENTRY LEVEL KNOWLEDGES, SKILLS, AND ABILITIES:

- Knowledge of the methods and techniques used in enforcing discipline of inmates.
- Knowledge of individual and group behavior.
- Knowledge of the principles and practices of inmate supervision.
- Knowledge of inmate search and inspection procedures.
- Knowledge of corrections security and safety practices.
- Knowledge of basic first-aid practices.
- Knowledge of general housekeeping activities.
- Ability to read and interpret written materials.
- Ability to observe changes in inmate personality, demeanor, attitude, and degree or program participation and to identify unusual or suspicious behaviors.
- Ability to use restraining devices correctly and effectively.
- Ability to establish and maintain effective working relationships.
- Ability to communicate effectively orally.
- Ability to communicate effectively in writing.

FULL PERFORMANCE KNOWLEDGES, SKILLS, AND ABILITIES: (NOTE: These are expected of an employee performing the work of this job at the full performance level. These may not be evaluated by the State Civil Service Commission or used for Civil Service examination purposes and are not position-specific performance standards.):

- Knowledge of the use of drug detection procedures and equipment.
- Knowledge of the On-The-Job Training Program for Corrections Officer Trainees.
- Knowledge of emergency preparedness policies, procedures, and implementation.
- Knowledge of investigative principles, including the collection and preservation of evidence.
- Knowledge of appropriate interviewing, interrogation, and investigation techniques.

(EXhibit 54)

I am inmate Juan Castillo #LS3066. On
 04/10/2018 While Standing at my door
 I could here inmate Garter Brown and
 CO Placink arguing. I then heard Placink
 Call Garter a homosexual and a State dick.
 Garter Said Fuck OFF and the CO told him to
 Stick his thumb up ass, and something about
 Sucking dick. I then heard Garter asking
 104 cell if he heard what the CO had said to
 him he said yes. latter he told 105 he did not
 want to get involve for reasons of retaliation.
 He also tell garter what ever he wrote for him
 he can't use it because CO'S keep coming to
 his cell harassing him. I feel differently
 about what is happening to Brown because I
 know a third party can report allegations
 of abuse verbally or in writing to any staff
 member or to Central Office. I also here
 inmate harass Garter Brown all the time.
 the inmate tell him he got rape and he
 tell the police. They call Garter a rat, a guy
 that likes it or the you know know what?
 Some guys back here said if Garter go to
 population they will kill him, because they
 are friends with the other guy on A-Pod
 they say the other guy will pay anyone that
 harm Garter. Everytime Garter leave the
 cell guys always threatening him and call him gay.
 The CO's move some guy from A-Pod here
 in 109 the guy send shit in a coffee bag
 to Garter. I did not know what was in
 the bag. Garter told me when he get the
 bag it was shit and a note that said

DEF000296

(Exhibit 55)

eat my shit. This same guy started yelling to Garter how do you ass hole feel? So guy in yard name Sam told me the guy name Allen at A-Pod rape Garter in Cell 108.

I ask Garter if he report all this to Staff he told me yes but he not want to do anything. What I heard a plaintiff say on 4/10/18 I have inmates tell Garter this every day and everytime he leave the Cell in front of other CDs. I am in Cell 107 in D-Pod at SCZ Huntington. I declare under penalty of perjury everything I am saying is true.

Date: 4-17-18

Signature

DEF000297

(EXhibit 56)

This document on which this certificate is affix is

CERTIFIED

A TRUE, CORRECT, AND COMPLETE COPY of the original

By: Signed

Date

Convention de la Haya du-
5 - October - 1961

(Exhibit 56)

I am inmate Fidel Clark, inmate # FR1896, I'm currently in 2006 Cell directly across from inmate Garlon Brown # NA6401. Prior to meeting inmate Brown multiple inmates had told me that Brown was yelling like a little girl in the RHU for his cellmate to get off him in which the yelling would not stop. Upon meeting Brown, I can clearly see he's no less than 105 pounds, he's a very little guy. While in the RHU with Brown, I witness multiple inmates yelling and making jokes at him about what happened with him and his last cellmate, and how he's a punk, pussy, fagot, rat. I could also hear the guards calling him "fuck boy" "that got fucked!" I also witness inmates beating on his wall and threatening him, I could see Brown crying through his cell door. I have a son and Brown looks very young, I don't think he deserve any such treatment; that is why I did offer to write this Truth Affidavit for him. This was written on February 9th, 2019. I do declare under penalty of perjury that everything asserted herein is true, correct, and complete to the best of my knowledge.

Without Prejudice / All Rights Reserved

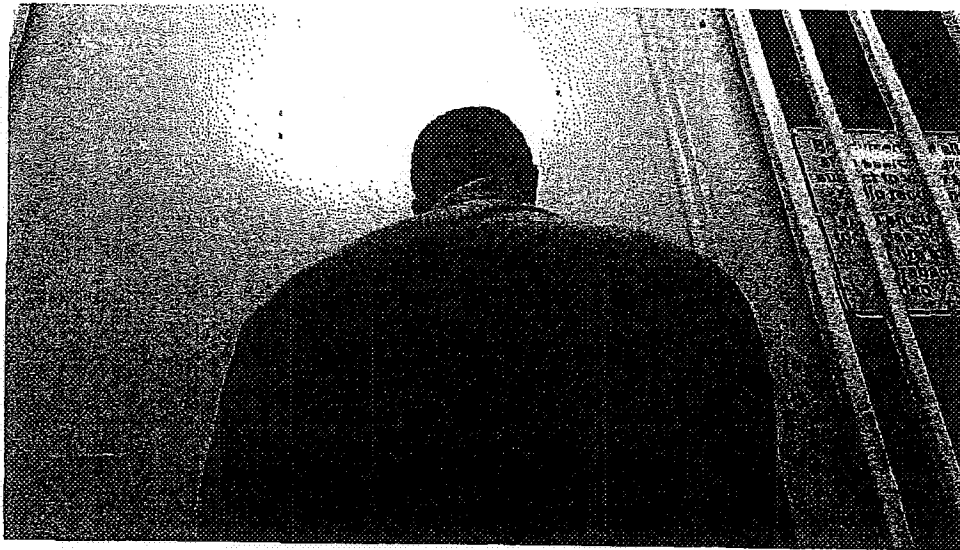
By:

Fidel Clark

Auth. Rep.

American Sovereign, Public Minister,
Exempt from Levy

(EXhibit 57)



FX1504 Allen

February 14, 2018 0832

Upper Back

Picture by [REDACTED] Emigh, RN

DEF000138

(Exhibit 58)



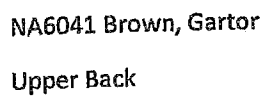
NA6041 Brown, Gator

February 14, 2018 0846

Right Knee

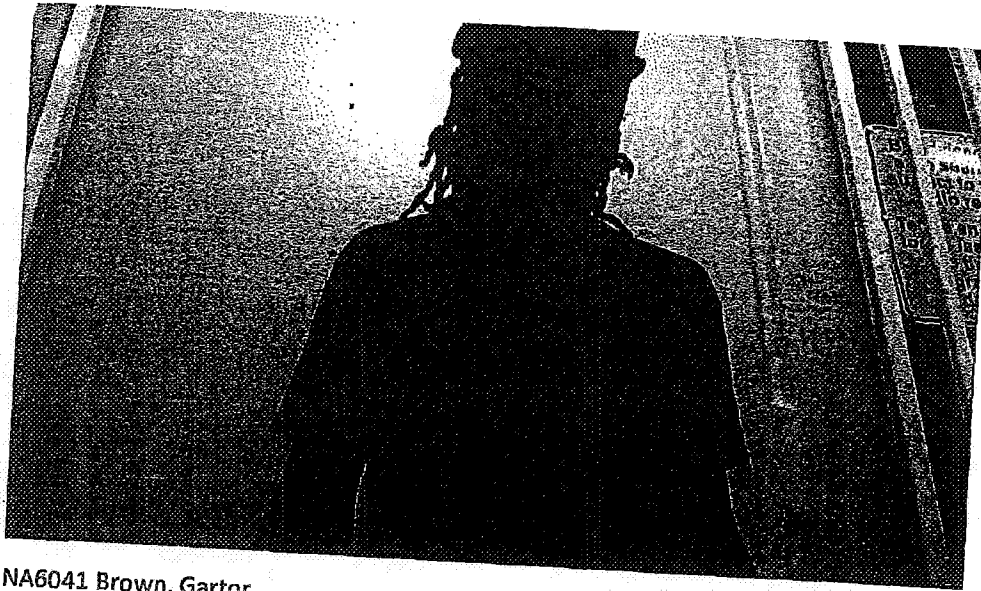
Picture by [REDACTED] Emigh, RN

DEF000125



Picture by Emigh, RN

(EXHIBIT 61)



NA6041 Brown, Gator

Upper Front

February 14, 2018 0846

Picture by [REDACTED] Emigh, RN

(EXhibit 62)



FX1504 Allen

Lower Back

February 14, 2018 0832

Picture by [redacted] Emigh, RN

DEF000133

Exhibit 63



FX1504 Allen

Upper Front

February 14, 2018 0832

Picture by [REDACTED] Emigh, RN

DEF000134

(EXHIBIT 64)



FX1504 Allen
Lower Front

February 14, 2018 0832

Picture by [REDACTED] Emigh, RN

DEF000135

(Exhibit 65)

STAFF WRITTEN STATEMENT OF SEXUAL ABUSE/HARASSMENTLOCATION: CLINIC AREA DATE: 2/16/18 TIME: 1100 CASE: 7113-P-197LAST NAME: PROCTOR FIRST: [REDACTED]

DOB: [REDACTED] EMPLOYEE NUMBER: [REDACTED]

FACILITY OF EMPLOYMENT: SCI Huntingdon[REDACTED] PROCTOR, hereby state that Lt Maxwell has identified himself/herself to me as a
Commissioned Officer employed by the Pennsylvania Department of Corrections. [REDACTED]The following statement is being given by me freely and without coercion for official Commonwealth business and will be
considered for all purposes, including actions under the Statutes of this Commonwealth, just as though it had been sworn or
affirmed before a court of law or formal arbitration panel. [REDACTED]

AT NO TIME DID THIS OFFICER FORCE INMATE BROWN (MAG401)
INTO A CELL WITH ANOTHER INMATE. AT NO POINT DID INMATE
BROWN NOTIFY THIS OFFICER THAT HE WAS BEING PHYSICALLY OR
SEXUALLY ASSAULTED. AT NO POINT DID BROWN REQUEST TO BE
MOVED OUT OF ANY CELL. AT NO POINT DID THIS OFFICER NOTICE
ANY INJURIES ON INMATE BROWN. AT NO POINT DID THIS OFFICER
WITNESS ANY BEHAVIOR FROM INMATE BROWN THAT WOULD INDICATE HE
WAS IN DISTRESS

I have read and understand this entire statement or it has been read and explained to me. I have signed this statement
indicating that it is true and correct.Having read this statement, which was given by me for official Commonwealth business, to be considered for all purposes,
including actions under the Statutes of this Commonwealth, just as though it had been sworn or affirmed before a court of law or
formal arbitration panel, I find I have nothing further to add. [REDACTED][Signature]
(Witness)Page 1 of 1[Signature] 2/16/18
(Signature of Person Making Statement) /DateDC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Attachment 5-C, Page 1
Section 5 - Investigating Allegations of Sexual Harassment and/or Sexual AbuseIssued: 8/22/2016
Effective: 9/22/2016

DEF000034

(Exhibit 66)

STAFF WRITTEN STATEMENT OF SEXUAL ABUSE/HARASSMENT

LOCATION: Clinic Area

DATE: 15 Feb 2018 TIME: 1430

CASE: 2012-P-197

LAST NAME: Fochtman

FIRST: [REDACTED]

DOB: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

FACILITY OF EMPLOYMENT: SCI Huntingdon

[REDACTED] Fochtman, hereby state that Lt Maxwell has identified himself/herself to me as a Commissioned Officer employed by the Pennsylvania Department of Corrections. [REDACTED] (initial)

The following statement is being given by me freely and without coercion for official Commonwealth business and will be considered for all purposes, including actions under the Statutes of this Commonwealth, just as though it had been sworn or affirmed before a court of law or formal arbitration panel. [REDACTED] (initial)

Sir, at no time did inmate Brown NA6401 inform this officer of any physical or sexual abuse. On 7 Feb 2018 this officer went to inmate Brown's cell to ask about a reported bloody nose. This officer asked inmate Brown if the nose bleed was caused from fighting. Inmate Brown stated no it was not from fighting and that he has a history of nose bleeds. This officer observed inmate Allen's hands and inmate Brown's nose and neither had any signs of fighting. This officer then ^{MF} exchanged inmate Brown's sheets and jumpsuit. This officer would also like to report that inmate Brown and Allen have requested to move cells because they could not see the TV, this officer informed them that we do not do courtsey moves.

I have read and understand this entire statement or it has been read and explained to me. I have signed this statement indicating that it is true and correct.

Having read this statement, which was given by me for official Commonwealth business, to be considered for all purposes, including actions under the Statutes of this Commonwealth, just as though it had been sworn or affirmed before a court of law or formal arbitration panel, I find I have nothing further to add.

(Witness)

Page 1 of 1

(Signature of Person Making Statement) / Date

15 Feb 2018

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Attachment 5-C, Page 1
Section 5 - Investigating Allegations of Sexual Harassment and/or Sexual Abuse

Issued: 8/22/2016

Effective: 9/22/2016

DEF000028

(Exhibit 67)

STAFF WRITTEN STATEMENT OF SEXUAL ABUSE/HARASSMENT

LOCATION: Clinic Area DATE: 2/15/18 TIME: _____ CASE: 7018-P-197
 LAST NAME: Heaster FIRST: Erik MIDDLE: _____
 DOB: N/A EMPLOYEE NUMBER: [REDACTED]
 FACILITY OF EMPLOYMENT: SCI Huntingdon

Heaster, hereby state that Lt Maxwell has identified himself/herself to me as a
 Commissioned Officer employed by the Pennsylvania Department of Corrections. [REDACTED]

The following statement is being given by me freely and without coercion for official Commonwealth business and will be
 considered for all purposes, including actions under the Statutes of this Commonwealth, just as though it had been sworn or
 affirmed before a court of law or formal arbitration panel [REDACTED] (Initial)

Inmate Brown (NA6401) claims that he was a victim of
a sexual assault in the RHU on 2/7/18. I was alerted by
the punchman that inmate Brown had a nose bleed so I sent officer
Fichtman to investigate as to what the issue was. Inmate officer
Fichtman reported to me that inmate Brown stated he frequently had nose
bleeds and that all that he wanted was clean sheets and a jumpsuit.
No officer on shift reported any evidence of an altercation and
when both inmates were questioned by officer Fichtman he reported
back to me that neither inmate admitted to fighting. Inmate Brown
was moved into 6A1008 with inmate Allen (FAS01) on 2/3/18.
Inmate had requested to move to a different cell to various
officers between 2/3/18 and 2/7/18 but his reasoning was that
we had violated policy by placing him a cell with another inmate after
he had received a mis conduct for refusing to double cell on an earlier
date. Inmate Brown went to showers on multiple occasions and voluntarily

I have read and understand this entire statement or it has been read and explained to me. I have signed this statement went back
 indicating that it is true and correct. into that cell.

Having read this statement, which was given by me for official Commonwealth business, to be considered for all purposes,
 including actions under the Statutes of this Commonwealth, just as though it had been sworn or affirmed before a court of law or
 formal arbitration panel, I find I have nothing further to add.

[Signature]
 (Witness)

Page 1 of 1

[Signature] 2/15/18
 (Signature of Person Making Statement) /Date

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Attachment 5-C, Page 1
 Section 5 - Investigating Allegations of Sexual Harassment and/or Sexual Abuse

Issued: 8/22/2016
 Effective: 9/22/2016

DEF000026

(Exhibit 68)

STAFF WRITTEN STATEMENT OF SEXUAL ABUSE/HARASSMENTLOCATION: Clinic Area DATE: 02-20-18 TIME: 1350 CASE: 7018-P-197LAST NAME: Johnston FIRST: [REDACTED]

DOB: [REDACTED] EMPLOYEE NUMBER [REDACTED]

FACILITY OF EMPLOYMENT: SCI Huntingdon[REDACTED] Johnston, hereby state that Lt Maxwell has identified himself/herself to me as a Commissioned Officer employed by the Pennsylvania Department of Corrections. [REDACTED]

The following statement is being given by me freely and without coercion for official Commonwealth business and will be considered for all purposes, including actions under the Statutes of this Commonwealth, just as though it had been sworn or affirmed before a court of law or formal arbitration panel. [REDACTED]

While conducting a punch round in the RHU, I was stopped at A-Quad 1008 cell with Inmate Brown telling me he had a bloody nose and that there was blood on his sheet and jump suit. Brown was asked about fighting, after returning from the Sgt. on the RHU stating Inmate Brown had a bloody nose and blood on his sheet and jump suit. I noticed nothing in the cell was disruptive and the cellmate was okay and not harmed in any way. Inmate Brown stated there was no fight, that he just wanted his belongings replaced. No one requested medical attention other than the bloody nose. At no time did an inmate state about a physical or sexual assault.

I have read and understand this entire statement or it has been read and explained to me. I have signed this statement indicating that it is true and correct.

Having read this statement, which was given by me for official Commonwealth business, to be considered for all purposes, including actions under the Statutes of this Commonwealth, just as though it had been sworn or affirmed before a court of law or formal arbitration panel, I find I have nothing further to add.

[REDACTED]
(Witness)Page 1 of 1[REDACTED] 02-20-18
(Signature of Person Making Statement) /Date

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Attachment 5-C, Page 1
Section 5 - Investigating Allegations of Sexual Harassment and/or Sexual Abuse

Issued: 8/22/2016
Effective: 9/22/2016

DEF000042

(EXHIBIT 69)

both went out for showers and neither refused to go back in the cell afterwards". CO2 Heaster further stated "I think Brown has had mental problems recently because last week he was sitting in his cell eating feces out of a cup".

CO2 Heaster submitted a written statement.

CO1 Fochtman was interviewed on February 15, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. CO1 Fochtman was asked if Brown ever reported being physically or sexually assaulted, he stated "No". CO1 Fochtman was asked if Brown ever asked to be moved from his cell with Allen, he stated "No". CO1 Fochtman was asked if he witnessed Brown with a nose bleed, he stated "No, I never actually saw the nose bleed but he did report to a trainee he had a nose bleed". CO1 Fochtman stated "I went to talk to Brown to see for myself if anybody was fighting and they both stated they weren't". CO1 Fochtman stated "Allen and Brown neither one asked for a cell move due to not getting along or physical assaults but they did complain they couldn't see the TV from their cell and I told them we don't do courtesy moves for the TV".

CO1 Fochtman submitted a written statement.

CO1 Chilcote was interviewed on February 15, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. CO1 Chilcote was asked if at any time he witnessed any signs of Brown being physically or sexually assaulted, he stated "no". CO1 Chilcote was asked if Brown ever reported being physically or sexually assaulted, he stated "No". CO1 Chilcote was asked if at any time Brown asked to be moved to a different cell, he stated "No but Brown told me he was moving because the unit manager saw him eating feces and told him he was moving so he was under the impression he had a temporary "Z" code". CO1 Chilcote was asked if he ever heard Allen threaten Brown with physical or sexual harm, he stated "No".

CO1 Chilcote submitted a written statement.

CO1 Garlick was interviewed on February 16, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. CO1 Garlick was asked if Brown ever reported to him being physically or sexually assaulted by Inmate Allen, he stated "No". CO1 Garlick was asked if at any time he witnessed any signs of Brown being physically or sexually assaulted, he stated "No". CO1 Garlick was asked if Inmate Brown ever asked to be moved from the cell, he stated "He rarely ever

(Exhibit 70)

speaks to any of us but he was in the shower the one day and said he didn't want to live with Allen anymore so we moved him that same day to D quad". CO1 Garlick stated "As we escorted Brown back from the shower to move cells he was smiling the whole time".

CO1 Garlick submitted a written statement.

CO1 Plocinik was interviewed on February 16, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. CO1 Plocinik was asked if he escorted Brown from the camera cell to GA1008 cell with Allen, he stated "I don't remember if I moved him or not". CO1 Plocinik was asked if he moved Brown and Brown was immediately assaulted by Allen as he alleged, he stated "No, I would have administered OC". CO1 Plocinik was asked if he ever witnessed Allen physically assault Brown, he stated "No". CO1 Plocinik was asked if Brown ever reported to him being physically or sexually assaulted by Inmate Allen, he stated "No". CO1 Plocinik was asked if at any time he witnessed any signs of Brown being physically or sexually assaulted, he stated "No". CO1 Plocinik was asked if Brown requested to be moved from the cell at any time, he stated "No". CO1 Plocinik was asked if Brown was forced into the cell with Allen, he stated "No".

CO1 Plocinik submitted a written statement.

CO1 [REDACTED] Clark was interviewed on February 20, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. CO1 [REDACTED] Clark was asked if Brown or Allen ever asked him about being moved from the cell, he stated "No". CO1 [REDACTED] Clark was asked if he witnessed what appeared to be injuries from a possible physical altercation on Inmate Brown, he stated "No". CO1 [REDACTED] Clark was asked if Inmate Brown ever reported to him he was physically and/or sexually assaulted by Inmate Allen, he stated "No". CO1 [REDACTED] Clark stated the only thing Inmate Brown said to him was he was to live by himself when Inmate Allen was being escorted to yard. CO1 [REDACTED] Clark stated "Nothing seemed to be out of the normal since Brown was always trying to get a cell by himself".

CO1 [REDACTED] Clark submitted a written statement.

PSS Parsons was interviewed on February 20, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. PSS Parsons was asked if at any time Inmate Brown reported to him he was physically or sexually assaulted by his cellmate, PSS Parsons replied "No". PSS Parsons was asked if Inmate

(Exhibit 71)

SP 7-0051 (12-2011)		REPORT TYPE <input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/> OTHER		DATE(S) OF INCIDENT		INCIDENT NO. PA18-154001	
PENNSYLVANIA STATE POLICE				TIME(S) OF INCIDENT		JUVENILE <input type="checkbox"/>	
CONTINUATION SHEET <input checked="" type="checkbox"/> SUPPLEMENTAL INVESTIGATION REPORT <input type="checkbox"/>				DOMESTIC VIOLENCE <input type="checkbox"/>			
ATTACHMENTS: <input type="checkbox"/> INTOXICATION WORK SHEET <input type="checkbox"/> MISSING PERSON CHECKLIST <input type="checkbox"/> FELONY CRIMES AGAINST THE PERSON <input type="checkbox"/> STATEMENT FORM(S) <input type="checkbox"/> VICTIM WITNESS ASSISTANCE GUIDE RECEIPT <input type="checkbox"/> RIGHTS WARNING AND WAIVER <input type="checkbox"/> PROPERTY RECORD <input type="checkbox"/> OTHER				DISP.: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCEPTIONALLY CLEARED- DATE A <input type="checkbox"/> DEATH OF ACTOR D <input type="checkbox"/> VICTIM REFUSED TO COOPERATE B <input type="checkbox"/> PROSECUTION DECLINED E <input type="checkbox"/> JUVENILE/NO CUSTODY C <input type="checkbox"/> EXTRADITION DENIED M <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> MULTIPLE CLEAR-UP			
1. ORIGINATOR				2. DATE OF REPORT			
3. OFFENSE				4. VICTIM			
5. NARRATIVE							
<p>INTERVIEW: [REDACTED] HARRIS (Corrections Officer) [REDACTED]</p> <p>On 02/19/18 at 1005HRS I interviewed HARRIS about this investigation. HARRIS related he did not wish to change or add anything to the written statement he provided to LT. MAXWELL on 02/15/18. HARRIS related that neither Inmate BROWN or Inmate ALLEN reported any fight or assault to him at any time. HARRIS never witnessed any assault between BROWN and ALLEN. Inmate BROWN never made a request to him to go to the Medical Department. Interview concluded at 1015HRS.</p> <p>INTERVIEW: [REDACTED] KENDRICK (Acting Unit Manager) [REDACTED]</p> <p>On 02/19/18 at 1025HRS I interviewed KENDRICK about this investigation. KENDRICK related he did not wish to change or add anything to the written statement he provided to LT. MAXWELL on 02/15/18. KENDRICK related he is the Unit Manager of the RHU/DTU and makes numerous rounds on the housing units. Inmate#NA6401 BROWN has talked to him on several occasions and never once told him he was being assaulted physically or sexually by his cellmate Inmate#FX1504 ALLEN. Inmate BROWN has told him he wanted a single cell because he has mental and physical issues. Inmate BROWN also told him he tends to eat and play with feces which bothers his cell mates. KENDRICK advised Inmate BROWN he was able to have a cellmate and that if he refused he would receive a Misconduct. Interview concluded at 1035HRS.</p> <p>INTERVIEW: [REDACTED] HEASTER (Sergeant) [REDACTED]</p> <p>On 02/19/18 at 1045HRS I interviewed HEASTER about this investigation. HEASTER related he did not wish to change or add anything to the written statement he provided to LT. MAXWELL on 02/15/18. HEASTER related he is the Sergeant in the RHU. On 02/07/18 he was alerted that Inmate BROWN had a nosebleed. HEASTER had C.O. FOCHTMAN check as to why Inmate BROWN had a nose bleed. C.O. FOCHTMAN reported to HEASTER that Inmate BROWN stated he frequently gets nosebleeds and only requested clean sheets and a jumpsuit. C.O. FOCHTMAN also reported that when both Inmate BROWN and Inmate ALLEN were questioned about fighting neither admitted to fighting. HEASTER stated no officer on shift reported any evidence of an altercation between Inmate BROWN and Inmate ALLEN. HEASTER related Inmate BROWN requested to move to a different cell to various officers between 02/03/18-02/07/18. Inmate BROWN's rationale for moving to a different cell was because he felt DOC policies/procedures had been violated. HEASTER stated Inmate BROWN went to showers on multiple occasions and voluntarily returned to his cell. Interview concluded at 1100HRS.</p>							
6. OFFICER'S NAME/SIGNATURE TPR. [REDACTED] LEAR/		BADGE NO. 8698		7. INVEST. RECM. <input type="checkbox"/> CONT. <input checked="" type="checkbox"/> TERM.		8. SUPV. RPT. BADGE NO.	
THL [Signature]						9. <input type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	
						10. PAGE 04	

STATION

DEF000143

(Exhibit 72)

SP 7-0051 (12-2011)		REPORT TYPE <input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/> OTHER		DATE(S)/DAY(S) OF INCIDENT		INCIDENT NO. PA18-154001	
PENNSYLVANIA STATE POLICE CONTINUATION SHEET <input checked="" type="checkbox"/> SUPPLEMENTAL INVESTIGATION REPORT <input type="checkbox"/>				TIME(S) OF INCIDENT		JUVENILE <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>
ATTACHMENTS: <input type="checkbox"/> INTOXICATION WORK SHEET <input type="checkbox"/> FELONY CRIMES AGAINST THE PERSON <input type="checkbox"/> VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT <input type="checkbox"/> PROPERTY RECORD <input type="checkbox"/> OTHER		<input type="checkbox"/> MISSING PERSON CHECKLIST <input type="checkbox"/> STATEMENT FORM(S) <input type="checkbox"/> RIGHTS WARNING AND WAIVER		DISP.: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCEPTIONALLY CLEARED- DATE A <input type="checkbox"/> DEATH OF ACTOR D <input type="checkbox"/> VICTIM REFUSED TO COOPERATE B <input type="checkbox"/> PROSECUTION DECLINED E <input type="checkbox"/> JUVENILE/NO CUSTODY C <input type="checkbox"/> EXTRADITION DENIED N <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> MULTIPLE CLEAR-UP			
1. ORIENTATION				2. DATE OF REPORT			
3. OFFENSE				4. VICTIM			
5. NARRATIVE							
<p>INTERVIEW: Victim-Continued</p> <p>The victim alleged he received a <u>bloody lip</u> during this attempted rape. On 02/06/18 the victim stated he talked with LT. KENDRICK and reported the assault and rape but nothing was done. On 02/07/18 the victim reported he and "Adam" talked to C.O. JOHNSON about being assaulted and the attempted rape. On 02/07/18 "Adam" jumped on him, <u>ripped his jumper off</u> and raped him. The victim related he was too tired to fight off "Adam". He received a <u>bloody nose</u> from this rape. The victim stated after the rape he yelled for C.O. JOHNSON but "another" C.O. observed him and stated he needed medical attention. The victim related he was advised by an unknown C.O. "The D.O.C. does not make <u>courtesy moves</u>". The victim gave his <u>bloody clothes</u> to C.O. JOHNSON but nothing was done due to medical refusing to see him. The victim reported "Adam" <u>raped him a second time</u> later in the day on 02/07/18. The victim reported his <u>anus was penetrated twice</u>, on two <u>separate occasions</u> by "Adam's" penis. "Adam" also <u>rubbed his penis</u> on the victim's face. The victim related he didn't refuse to go to "Medical" last night. The victim stated the nurse told him she wasn't a doctor and asked if he would rather be seen by a doctor. The victim stated the nurse never asked to take pictures. Nurse "Nikki" did take pictures of him but never asked for details of his <u>assaults/rapes</u>. Interview concluded at approximately 1435HRS.</p> <p>INTERVIEW: Raheem (NMN) ALLEN(Inmate#FX1504)</p> <p>I interviewed Inmate#FX1504 Raheem ALLEN on 02/14/18 at approximately 1445HRS in the presence of LT. MAXWELL. PYLE, Administrative Officer 1, transcribed this interview. It should be noted; ALLEN was the cell mate of the victim. ALLEN is who the victim referred to as "Adam" during his interview. ALLEN was <u>advised of the nature of this investigation</u>. ALLEN was advised of his <u>Miranda Rights via a Rights and Warning Waiver at 1447HRS this date</u>. ALLEN agreed to be interviewed and provided a <u>written statement</u> on DOC form <u>Attachment 5-C/PREA</u> Procedures Manual. ALLEN denied all allegations made by the victim. ALLEN stated, "He never had a fight with BROWN or any sexual encounter at all". ALLEN related he wants a "Z code" but this isn't an attempt for him to get one. ALLEN stated he <u>wasn't forcing anyone to do anything they didn't want to do</u>. ALLEN related he didn't know BROWN was crazy until he was in the cell a couple days. ALLEN stated he <u>tried to "deal" with BROWN</u> because he too was young and wild. ALLEN stated he was <u>questioned about BROWN having a nosebleed</u> and if they had been fighting. ALLEN related that BROWN just had a nosebleed. Interview concluded at approximately 1505HRS.</p>							
6. OFFICER'S NAME/SIGNATURE TPR. LEAR/ <i>The Sgt. Dr. Lee</i>		BADGE NO. 8698		7. INVEST. RECM. <input type="checkbox"/> CONT. <input checked="" type="checkbox"/> TERM.		8. SUPV. INIT./BADGE NO.	
				9. <input type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR		10. PAGE 03	

STATION

DEF000142

(Exhibit 73)

There were no Inmate witnesses available for this allegation due to allegedly taking place in the cell.

Staff Witnesses Version:

CO1 Harris was interviewed on February 15, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. CO1 Harris was asked if he witnessed anything that looked like an assault on Brown while he was housed with Allen, he stated "No". CO1 Harris was asked if Allen or Brown ever reported to him that they were not getting along, he stated "No, Brown doesn't ever talk to anybody". CO1 Harris stated "Allen is a loudmouth and wouldn't be afraid to yell anything out of his cell so if they were having problems Allen would have said something". CO1 Harris was asked if Brown ever requested to see the medical department, he stated "no".

CO1 Harris submitted a written statement.

A/UM Kendrick was interviewed on February 15, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. A/UM Kendrick was asked if Brown ever reported to him that he and Allen didn't get along, he stated "No, he just wanted a single cell but he doesn't qualify for a single cell". A/UM Kendrick was asked if he ever reported he was physically or sexually assaulted by Allen, he stated "No". A/UM Kendrick stated "I made multiple rounds around the RHU and he never told me about being assaulted". A/UM Kendrick further stated "He told me his reason for wanting a single cell was that he has mental issues and likes to play with and eat feces, not that he was ever assaulted".

A/UM Kendrick submitted a written statement.

CO2 Heaster was interviewed on February 15, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. CO2 Heaster was asked if Brown ever reported being physically or sexually assaulted, he stated "No". CO2 Heaster stated "Trainee Johnston came to me and told me that Brown told him he had a nose bleed so he needed a new jumper so I told them to give him a new jumper". CO2 Heaster stated "The problems with Brown started over the weekend because Brown thought if he refused to be celled with somebody and got a misconduct then he thought it was against policy to cell him with somebody". CO2 Heaster stated "Allen and Brown

State Correctional Institution at Huntingdon, 1100 Pike Street, Huntingdon, PA 16654

DEF000010

eBDC-138A

CASH
SLIPCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

1. REQUISITIONING INMATE

INMATE NUMBER

LOCATION

DATE

2. RECEIVING INMATE

INSTITUTIONAL NUMBER

LOCATION

DATE

3. ITEMS TO BE CHARGED TO MY ACCOUNT

MEDICAL CO-PAY

Sick Call Medical/Dental (\$5.00)

Prescriptions # _____ (\$5.00 each)

Self Inflicted Injury (\$5.00)

Assaulted by # _____

Sports Injury (\$5.00)

Sports Physical (\$5.00)

Telebinocular exam in conjunction with Eyewear Policy (\$5.00)

TOTAL CHARGE THIS VISIT: \$ _____

WITNESS SIGNATURE

5. OFFICIAL APPROVAL

6. BUSINESS OFFICE'S SPACE

CHARGE ENTERED

DATE

BOOKKEEPER

MEDICAL/DENTAL
SICK CALL REQUEST

DATE: 2/13/18

TIME: 4:30

INMATE NAME: Carter Brown NUMBER: 1011441

Sick call is for

Medical Dental

Circle one of the above

PROBLEM: Brown has a swollen throat

2-3-18 - 2-7-18 he has also paid on 2-7-18

has all of his teeth from head to neck, from below
from the head & below noseTO SIGN UP FOR SICK CALL: COMPLETE THE ABOVE
FORM AND SECTION # 1 AND SECTION # 4 ON THE
ATTACHED CASH SLIP.I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE
SUBJECT TO THE FEES AS PER DC-ADM 820: CO-
PAYMENT FOR MEDICAL SERVICES. THE PRACTITIONER
THAT SEES YOU WILL DETERMINE IF YOU ARE TO BE
CHARGED OR NOT.

If the visit is not chargeable this form will be destroyed.

After the sick call charges are completed the cash slip
portion will be torn off and only the cash slip will be sent to
Inmate Accounts.PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL
BOX ON YOUR HOUSING UNIT.

DEF000124

Block: C-10105

Exhibit 74

(Exhibit 75) Block: 6-D 105MEDICAL/ DENTAL
SICK CALL REQUESTDATE: 2/14/19 TIME: 7:30 PM
INMATE NAME: Car for Pain NUMBER: NA 6910Sick call is for ☐ Medical ☐ Dental
Circle one of the abovePROBLEM: Pain in ribs, Anus pain, head pain
broken nose, hip pain, back pain
green pain, numbness of head & neck pain
right knee & right ankle painTO SIGN UP FOR SICK CALL: COMPLETE THE ABOVE
FORM AND SECTION # 1 AND SECTION # 4 ON THE
ATTACHED CASH SLIP.I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE
SUBJECT TO THE FEES AS PER DC-ADM 820; CO-
PAYMENT FOR MEDICAL SERVICES. THE PRACTITIONER
THAT SEES YOU WILL DETERMINE IF YOU ARE TO BE
CHARGED OR NOT.

If the visit is not chargeable this form will be destroyed.

After the sick call charges are completed the cash slip
portion will be torn off and only the cash slip will be sent to
Inmate Accounts.PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL
BOX ON YOUR HOUSING UNIT.

DC-138A	CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE				
INSTITUTIONAL NUMBER <u>SCJH</u>	LOCATION <u>6-D 105</u>	DATE <u>2/14/19</u>		
2. RECEIVING INMATE				
INSTITUTIONAL NUMBER	LOCATION	DATE		
3. ITEMS TO BE CHARGED TO MY ACCOUNT				
MEDICAL CO-PAY				
<input checked="" type="checkbox"/> Sick Call Medical/Dental (\$5.00)				
Prescriptions # _____ (\$5.00 each)				
Self Inflicted Injury (\$5.00)				
Assaulted by # _____				
Sports Injury (\$5.00)				
Sports Physical (\$5.00)				
Telebinocular exam in conjunction with Eyewear Policy (5.00)				
TOTAL CHARGE THIS VISIT: \$ _____				
4. INMATE'S SIGNATURE <u>[Signature]</u>			WITNESS SIGNATURE	
5. OFFICIAL APPROVAL				
6. BUSINESS OFFICE'S SPACE				
CHARGE ENTERED	DATE	BOOKKEEPER		

DC-138A

CASH
SLIPCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

1. REQUISITIONING INMATE

INSTITUTIONAL NUMBER
SC14LOCATION
60 105DATE
2/20/18

2. RECEIVING INMATE

INSTITUTIONAL NUMBER

LOCATION

DATE

3. ITEMS TO BE CHARGED TO MY ACCOUNT

MEDICAL CO-PAY

✓ Sick Call Medical/Dental (\$5.00)

Prescriptions # _____ (\$5.00 each)

Self Inflicted Injury (\$5.00)

Assaulted by # _____

Sports Injury (\$5.00)

Sports Physical (\$5.00)

Telebinocular exam in conjunction with Eyewear Policy (5.00)

TOTAL CHARGE THIS VISIT: \$ _____

WITNESS SIGNATURE

4. INMATE'S SIGNATURE

5. OFFICIAL APPROVAL

6. BUSINESS OFFICE'S SPACE

CHARGE ENTERED

DATE

BOOKKEEPER

Block: CA 105MEDICAL/ DENTAL
SICK CALL REQUESTDATE: 2/20/18TIME: 6:30 PMINMATE NAME: Garth BrownNUMBER: NA 6001

Sick call is for

Medical

Dental

Circle one of the above

PROBLEM: I was sexually assaulted & having difficultyMedical attention I have pain in ribs, arms pain& bleeding, head pain, broken, nose, hip later painback pain, iron pain, numbness of hand, neck painright hand & ankle pain, chronic pain in backTO SIGN UP FOR SICK CALL: COMPLETE THE ABOVE
FORM AND SECTION # 1 AND SECTION # 4 ON THE
ATTACHED CASH SLIP.I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE
SUBJECT TO THE FEES AS PER DC-ADM 820; CO-
PAYMENT FOR MEDICAL SERVICES. THE PRACTITIONER
THAT SEES YOU WILL DETERMINE IF YOU ARE TO BE
CHARGED OR NOT.

If the visit is not chargeable this form will be destroyed.

After the sick call charges are completed the cash slip
portion will be torn off and only the cash slip will be sent to
Inmate Accounts.PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL
BOX ON YOUR HOUSING UNIT.

(Exhibit 77)

Brown told him he was suicidal and that he feared for his life. PSS Parsons stated "No, if he would have I would have taken action, for example observation placement". PSS Parsons stated he had several contacts with Inmate Brown, all of which indicated no need for clinical services and possible manipulation for a single cell. PSS Parsons was asked if he witnessed any injuries on Inmate Brown that could have possibly been sustained from a physical assault, he stated "No".

PSS Parsons submitted a written statement.

LPN Trice was interviewed on February 20, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

LPN Trice was the nurse who initially reported the allegation upon reviewing the sick call slip authored by NA6401 Brown. Once LPN Trice reviewed the sick call slip and saw the allegation she notified control. LPN Trice responded to the RHU and attempted to assess Inmate Brown for any injuries since it was outside of the 96 hour window. LPN Trice stated "Inmate Brown refused any medical treatment". LPN Trice was asked if Inmate Brown appeared to have any injuries sustained from a physical altercation. LPN Trice stated "Inmate Brown did not have any injuries or markings related to his allegations".

LPN Trice submitted a written statement.

COT C Johnston was interviewed on February 20, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

During the interview the allegations made by Inmate Brown were reviewed. COT Johnston was asked if he witnessed Inmate Allen attack Inmate Brown at any time, he stated "No". COT Johnston was asked if Brown ever asked him to move, he stated "The one day Brown did ask me to move but we already had the cell moves done and he wanted in a single but isn't a "Z" code". COT Johnston stated "Another thing I remember about Brown is the one day he had a bloody nose, asked to see medical, wanted different sheets and wanted another jumpsuit". COT Johnston was asked if the bloody nose looked to be a result from an assault, he stated "No, both inmates were asked if a fight occurred between them and they both stated no". COT Johnston stated "Brown told me from time to time he gets a bloody nose". COT Johnston stated "I let the Sgt. know about it and medical was actually doing rounds at that time so I informed them also". COT Johnston was asked if Brown ever reported to him he was physically or sexually assaulted, he stated "At no time did Brown tell me he was physically or sexually assaulted, he just asked for a change of clothes and some new sheets".

COT C Johnston submitted a written statement.

Lt Orndorf was interviewed on February 22, 2018 in the Clinic area by Lt Maxwell and AO1 Pyle.

(EXhibit 77)

Unit Management - Inmate Cumulative Adjustment Records

Welcome CWOP/parsons

Inmate Apps Inmate Inquiry Reports Photos JNET Unit Management

JNet Inmate

Offender Details

Name: ALLEN, Raheem

CL/Prop

Housing Unit:

Inmate Status

DOB

Sex:

Race: Black

Perm Location:

PBPP #:

SID:

FBI #

Temp Location:

RRRI:

Rebuttable:

Counselor:

M.

Detainers:

Your Current Working Facility is: Huntington

Huntingdon

Change Working Facility

Add Comments

Inmate Cumulative Adjustment Records - Since

FX1504

New Search

Entered Date Entered By Location Comment

DEF000101

Page 1 of 15

Total Records (362)

(Exhibit 78)

Inmate Query - Cell History

Welcome CWOPM\hopyle

Inmate Apps Inmate Inquiry Reports Photos JNET

2/14/2018 9:21:30 AM [CR2PRODWEB04]

JNet Inmate

Offender Details

Name: ALLEN, Rahcem

CL/Prog.cd

Housing Unit

Inmate Status

DOB:

Sex

Race:

Perm Location:

PBPP #:

SID:

FBI #:

Temp Location:

RRRI:

Rebuttable:

Counselor:

Detainers

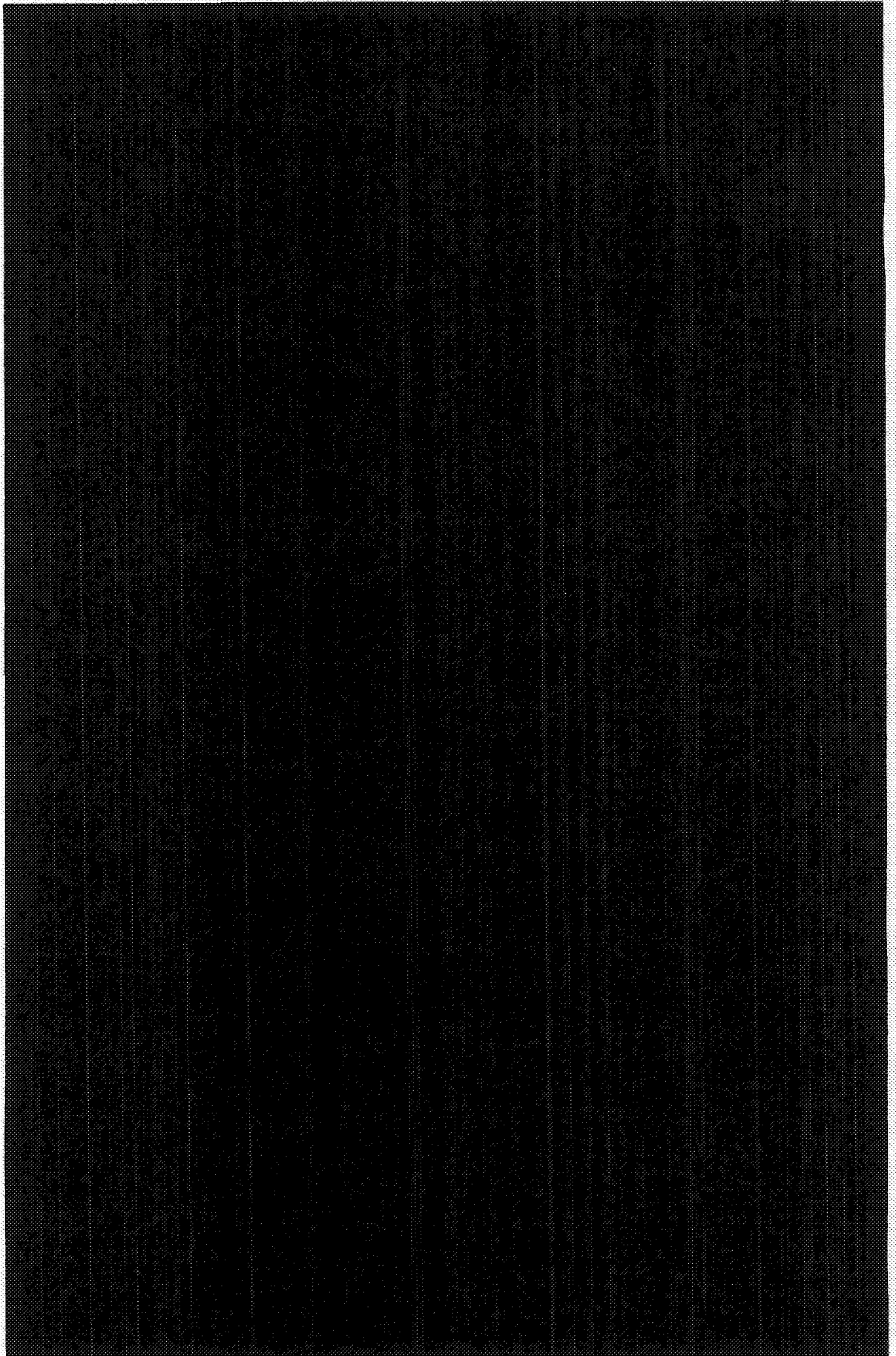


FX1504

New Search

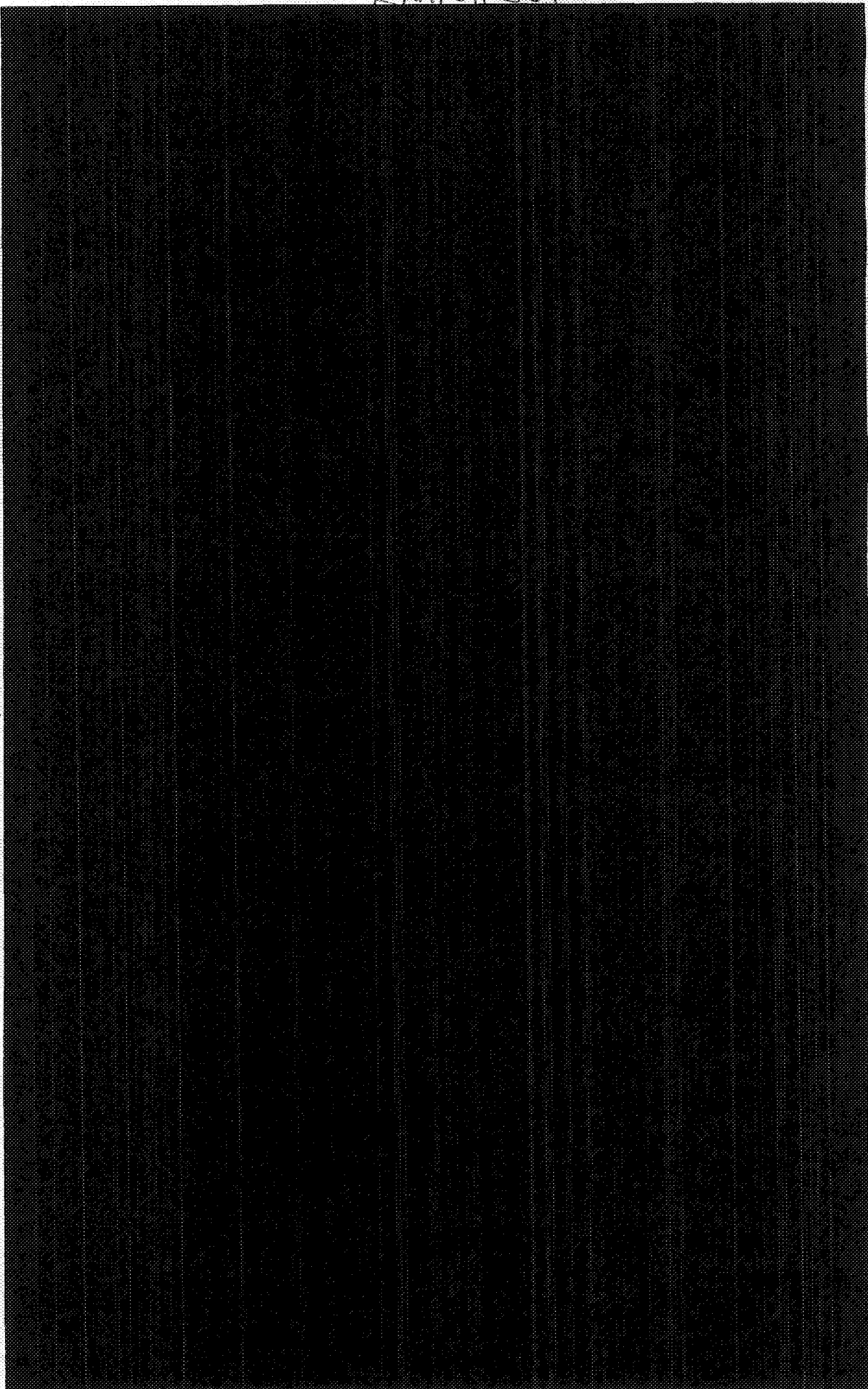
Location	Building	Section	Cell Dorm.	Bed No.	House Status	Sec. Level	Cust. Level	Date In	Date Out	Date Entered
----------	----------	---------	---------------	------------	-----------------	---------------	----------------	---------	----------	--------------

(5/1/20/20)



DEF000053

Exhibit 80



(Exhibit 81)

ALLEN, RAHEEM #FX1504

DC - 560 MENTAL HEALTH CONTACT NOTE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

DC-560 MENTAL HEALTH CONTACT NOTE

PA DOC DC - 560 MENTAL HEALTH CONTACT NOTE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

000105

DOB: [REDACTED] Location: [REDACTED]

[illegible][illegible]

2 of 4

(EXHIBIT 83)

ALLEN, RAHEEM #FX1504

DOB: [REDACTED] Location: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

• [REDACTED]

• [REDACTED]

• [REDACTED]

• [REDACTED]

I have read this form or have had this form read to me, have been given an opportunity to ask questions about it, and:

☒ acknowledge that I understand and consent to the disclosure of information as set forth in the above form.

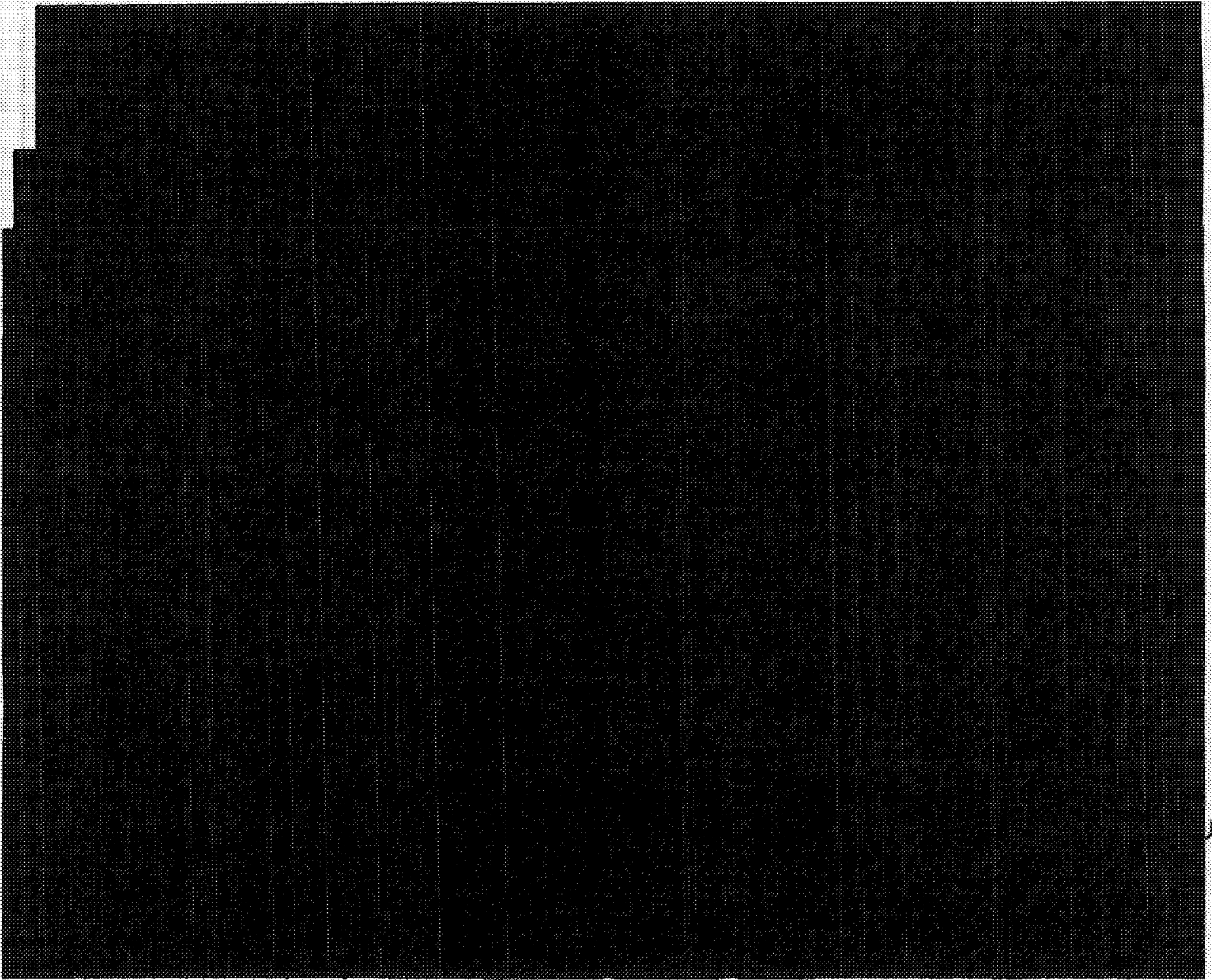
[REDACTED]

[REDACTED]

000103

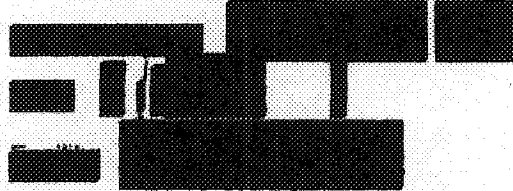
(Exhibit 84)

MENTAL HEALTH REFERRAL FORM



Mental Health Referral Form
Commonwealth of Pennsylvania
Department of Corrections
DC-97
Revised 5-01

Inmate Name: *Raheem Allen*



Original - Medical Record

Copy - Counselor

Copy - Psychology

Copy - Referral (retain for tracking)

13.8.1, Access to Mental Health Care Procedures Manual
Section 1 - Psychological Services

Attachment 1-A

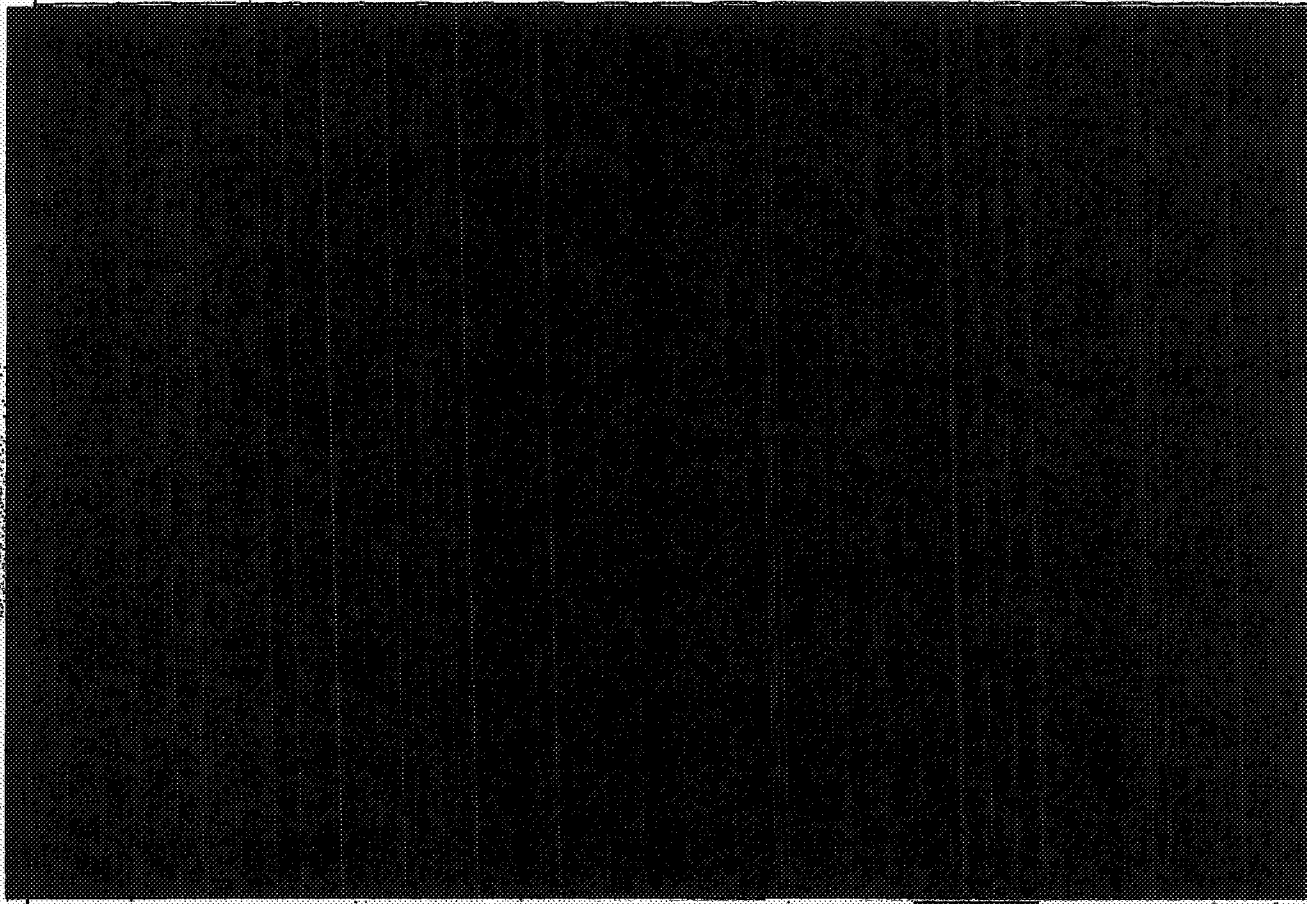
Issued: 2/6/2014
Effective: 2/13/2014

DEF000110

(Exhibit 85)

DC-457

MEDICAL INCIDENT/INJURY REPORT			
Person involved:	(Last Name) Allen	(First Name) Baheem	(Middle Initial) NA
Reported to Medical Department:		Date:	Time:
Date of Incident:		Time of Incident:	Exact location of Incident:
2-7-18		approx 2200	OD1003
Inmate: (check) <input checked="" type="checkbox"/>	Inmate/Employee number: EX1504	Housing unit: 6A	Work related: (Check) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Employee: (check) <input type="checkbox"/>	Supervisor (Name/Title):		Sport related: (Check) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Department:		Job title:	
Visitor/Other: (check) <input type="checkbox"/>	Home address:		Home phone:
Occupation:		Reason for presence at this facility:	
Property Involved: Describe:		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Equipment Involved: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Was person authorized to be at location of incident: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	



Date of report:	2-14-18	Preparing report:	Emish R	Reviewing Authority:	HARKER, RNS
-----------------	---------	-------------------	---------	----------------------	-------------

13.1.1, Management and Administration of Health Care Procedures Manual
 Section 5 – Occupational Exposure to Blood-borne Pathogens
 Issued: 2/6/2017 Effective: 2/13/2017

Attachment 5-D
 Page 1 of 2

DEF000119

DC-457

(EXHIBIT 86)

MEDICAL INCIDENT/INJURY REPORT			
Person Involved:	(Last Name) Allen	(First Name) Baheem	(Middle Initial)
Reported to Medical Department:	Date: NA	Time:	Date of Birth:
			(check) Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

13.1.1, Management and Administration of Health Care Procedures Manual
 Section 5 – Occupational Exposure to Blood-borne Pathogens
 Issued: 2/8/2017 Effective: 2/13/2017

Attachment 5-D
 Page 1 of 2

DEF000074

(Exhibit 87)

("An inmate is prohibited from receiving inmate information pertaining to another inmate other than him/herself.").

Without waiving the foregoing objections, see PSP report previously produced and marked for production as DEF000139-DEF000147.

2. Plaintiff seeks for inspection & copying from D.O.C. Defendants all Pennsylvania Additive Classification Tool Policy, or (PACT) Policy, including but not limited to classifying (sic) & housing inmates.

RESPONSE: **OBJECTION.** Defendants object to this request because it is overbroad and is not relevant to the claims or defenses of any party.

Defendants further object to this request as not being proportional to the needs of this case.

Defendants further object to this request to the extent that it seeks information relating to matters beyond that are set forth in the complaint. Because the scope of this matter is limited, all of the requested records are not relevant to the claims at issue.

Defendants further object to this request to the extent that it seeks certain information that if obtained, an inmate will be able to use such information to adversely affect institutional safety and security and may also attempt to manipulate and circumvent Department policy, which can affect the overall safety and security

(Exhibit 88)

of the institutions. Thus, the disclosure of this information would create safety and security concerns and may endanger the lives of involved staff. The Department has adopted various policies and rules regarding the care, custody, and control of the inmates within its institutions that it keeps confidential for security reasons. Certain policies, procedures manuals, and rules are confidential and cannot be disclosed to inmates. Inmates are not entitled to copies of confidential policies and procedures.

By way of further response, Section 3 – Pennsylvania Additive Classification Tool (“PACT”) of 11.2.1, *Reception and Classification* is a confidential DOC policy and not subject to release.

3. Plaintiff seeks for inspection & copying all “(11.2.1)” Policy Manual.

RESPONSE: OBJECTION. Defendants object to this request because it seeks information that is not relevant to the claims in this matter.

Defendants further object to this request because it is overly broad and unduly burdensome.

Defendants further object to this request to the extent that it seeks information relating to matters beyond that are set forth in the complaint. Because the scope of

(Exhibit 89)

this matter is limited, all of the requested records are not relevant to the claims at issue.

Defendants further object to this request as not being proportional to the needs of this case. The burden and expense on Defendants in searching for and producing the documents requested outweigh any benefit the documents as requested could confer on Plaintiff in his prosecution of this lawsuit.

Without waiving the foregoing objections, any public portions of DOC policies are in the prison's library and are available to all inmates.

4. Plaintiff seeks for inspection & copying all "(IRC)" documents Pursuant to what the IRC team documented while Plaintiff was at SCI Camp Hill & most importantly SCI Huntingdon; Plaintiff also seek these documents as to the IRC documents of inmates Allen same inmate he claims sexually assaulted him on May the inmate have a different government name, Plaintiff seeks the information as to the inmate he was housed with on G_A_ in cell 108 from 2/3/18 through 2/8/18 while at SCI Huntingdon in the R.H.U. Plaintiff seeks full history of IRC documents from the time the inmate entered the DOC to current date. What has been documented by the IRC team at each institution the inmate had been housed at. (sic-paragraph)

(Exhibit 90)

contraband. *See* 2017 Inmate Handbook, p. 30, § D(3)(o). *See also* Department Policy DC-ADM 003, "Release of Information Policy," Section IV, subsection A.5. ("An inmate is prohibited from receiving inmate information pertaining to another inmate other than him/herself.").

5. Plaintiff seeks for copying all classified classification documents or all documents from the "diagnostic center" as to integrated case summary of the inmate known (sic) as inmate Allen same person Brown claims sexually assaulted him; Plaintiff also seek the same information for himself Gator Kiki Brown.

RESPONSE: OBJECTION. Defendants object to this request because it is overbroad and is not relevant to the claims or defenses of any party.

Defendants further object to this request as not being proportional to the needs of this case.

Defendants further object to this request to the extent that it seeks information relating to matters beyond that are set forth in the complaint. Because the scope of this matter is limited, all of the requested records are not relevant to the claims at issue.

Defendants further object to this request to the extent that it seeks documents that contain evaluations, diagnoses, impressions, and recommendations, information that if obtained, an inmate will be able to use such information to adversely affect

(Exhibit 91)

institutional safety and security and may also attempt to manipulate and circumvent Department policy that can affect the overall safety and security of the institutions. Thus, the disclosure of this information would create safety and security concerns and may endanger the lives of involved staff. The Department has adopted various policies and rules regarding the care, custody, and control of the inmates within its institutions that it keeps confidential for security reasons. Certain documents are confidential and cannot be disclosed to inmates.

Defendants further object to this request as inmates are not permitted to access records related to other inmates. Possession of such records would constitute contraband. *See* 2017 Inmate Handbook, p. 30, § D(3)(o). *See also* Department Policy DC-ADM 003, "Release of Information Policy," Section IV, subsection A.5. ("An inmate is prohibited from receiving inmate information pertaining to another inmate other than him/herself.").

Without waiving the foregoing objections, see the DOC investigative report previously produced and marked for production as DEF000008-DEF000138.

6. Plaintiff seeks misconducts, grievances, & criminal record history of the inmate he was house in cell 108 on G_A_ in the RHU at SCI Huntingdon from 2/3/18 through 2/8/18.

(EXhibit 92)

RESPONSE: OBJECTION. Defendants object to this request because it is overbroad and is not relevant to the claims or defenses of any party.

Defendants further object to this request as not being proportional to the needs of this case.

Defendants further object to this request to the extent that it seeks information relating to matters beyond that are set forth in the complaint. Because the scope of this matter is limited, all of the requested records are not relevant to the claims at issue.

Defendants further object to this request as inmates are not permitted to access records related to other inmates. Possession of such records would constitute contraband. *See* 2017 Inmate Handbook, p. 30, § D(3)(o). *See also* Department Policy DC-ADM 003, "Release of Information Policy," Section IV, subsection A.5. ("An inmate is prohibited from receiving inmate information pertaining to another inmate other than him/herself.").

7. Last Plaintiff seeks for inspection & copying all complaints, statements, investigation files of any other inmate or staff that claim that inmate Allen had attempted to or did sexually abuse, assault them or threaten to do as such; any other claims against the inmate Pursuant to ADM 001 or 008 policy.

RESPONSE: OBJECTION. Defendants object to this request because it is overbroad and is not relevant to the claims or defenses of any party.

(Exhibit 93)

Defendants further object to this request as not being proportional to the needs of this case.

Defendants further object to this request to the extent it assumes facts not in evidence.

Defendants further object to this request to the extent that it seeks information relating to matters beyond that are set forth in the complaint. Because the scope of this matter is limited, all of the requested records are not relevant to the claims at issue.

Defendants further object to this request as inmates are not permitted to access records related to other inmates. Possession of such records would constitute contraband. *See* 2017 Inmate Handbook, p. 30, § D(3)(o). *See also* Department Policy DC-ADM 003, "Release of Information Policy," Section IV, subsection A.5. ("An inmate is prohibited from receiving inmate information pertaining to another inmate other than him/herself.").

8. Plaintiff also seeks for inspection & copying a statement from Ivan Costillo LS3066, the statement predicates as to what the inmate knewn (sic) about the sexual assault, the statement was confiscated by Ms. Spkyer & Mr. Maxwell after Brown gived (sic) the statement to his Counslor (sic) Richards to copy she then gived (sic) it to Maxwell & Spkyer they then confiscated the statement claimant it was put in a (sic) investigation file and Brown could not get a copy.

(Exhibit 99)

RESPONSE: OBJECTION. Defendants object to this request because it is overbroad and is not relevant to the claims or defenses of any party.

Defendants further object to this request as not being proportional to the needs of this case.

Defendants further object to this request to the extent it assumes facts not in evidence.

Defendants further object to this request to the extent that it seeks information relating to matters beyond that are set forth in the complaint. Because the scope of this matter is limited, all of the requested records are not relevant to the claims at issue.

Defendants further object to this request as inmates are not permitted to access records related to other inmates. Possession of such records would constitute contraband. *See* 2017 Inmate Handbook, p. 30, § D(3)(o). *See also* Department Policy DC-ADM 003, "Release of Information Policy," Section IV, subsection A.5. ("An inmate is prohibited from receiving inmate information pertaining to another inmate other than him/herself.").

Without waiving the objections, Defendants supplement this response and produce the handwritten statement of inmate Castillo, which has been marked for production as DEF000296-DEF000297.

11.2.1, Reception and Classification Procedures Manual
Section 5 – Single-Celling (“Z” Code) and Double-Celling Housing

(EXHIBIT 95)

Section 5 – Single-Celling (“Z” Code) and Double-Celling Housing

A. General Procedures/Orientation

During the diagnostic and classification process and upon reception at any facility as a result of a transfer, each inmate shall be interviewed and available records shall be reviewed by the Initial Reception Committee (IRC), after which the appropriate housing status shall be determined. Staff shall inform inmates of the conditions which apply to double-celling. During this orientation, staff shall explain rules governing behavior as well as those governing the conditions and contents of the cell. Included shall be procedures for requesting consideration for termination of double-celling and instructions for inmates to follow to inform staff of any problems arising as a result of double-celling.

B. Processing Inmates for Double-Celling

An inmate who does not require single-cell status (“Z” Code) may be processed for double-celling according to the following guidelines and procedures.

1. Selection of cells: Selection of cells to be used for double occupancy should be made pursuant to the following guidelines:
 - a. cells in administrative custody (AC) or disciplinary custody (DC) may be used for double occupancy only after careful review of those inmates to be double celled; and
 - b. every attempt should be made to designate cells in locations that afford the most appropriate access, supervision, and control.
2. Selection criteria governing inmates to be double-celled are listed below.
 - a. Double-celling of inmates generally shall be based on the inmate’s expression of preferences affecting double-celling compatibility. An inmate’s requests generally shall be accommodated if circumstances permit and provided there are no contraindications (custody level, security needs, etc.) noted by staff. If the inmate does not express a preference, the double-cell assignment shall be made based on facility need (available bed space).
 - b. During the inmate reception process, the IRC or designated responsible staff shall ask the inmate if he/she has preferences affecting double-celling compatibility, but shall not offer the inmate choices. If the inmate indicates a preference (non-smoking cell, familial relationships, age, race, etc.), this information shall be documented and forwarded to the inmate’s counselor for inclusion in the **DC-14, Cumulative Adjustment Record** for future reference. To the extent reasonable, the inmate’s indicated preferences should be accommodated. When it is not reasonable to accommodate, staff should inform the inmate whether the preference is likely to be accommodated in the future and, if so, when such an accommodation is likely to occur. The facility does not have to move an inmate based solely on his/her request.

(EXHIBIT 96)

11.2.1, Reception and Classification Procedures Manual
Section 5 – Single-Celling (“Z” Code) and Double-Celling Housing

- d. An inmate who has a documented history of aggressive or predatory behavior towards cell partners or who staff have reason to believe would exhibit assaultive or predatory behavior towards cell partners.⁵
2. **A newly received inmate at a Diagnostic and Classification Center (DCC) may be assigned a temporary “Z” Code until transferred to a permanently assigned institution.** When an inmate is transferred from one facility to another, the sending facility shall explain the specific reason for “Z” Code in the transfer rationale. The IRC at the receiving facility shall review the “Z” Code housing classification to determine if it is still appropriate for the inmate. **If the IRC determines that a “Z” Code should remain, it should be processed according to the procedures in Subsection C.4. below.**
 3. When reviewing an inmate for “Z” Code housing status, facility staff shall complete a review of appropriate documentation. Documentation shall include misconduct reports, recommendations from medical and/or psychiatric or psychological staff, and reports from other staff who have knowledge of the inmate’s adjustment and behavior. The Program Review Committee (PRC), Unit Manager, or Shift Commander may temporarily assign a “Z” Code until a full assessment is completed.
 4. **The assignment or continuation of all “Z” Program Codes requires review and approval by the Regional Deputy Secretary.**
 - a. **After review of the “Z” Code recommendation and supporting documentation by IRC or the Unit Management Team, a DC-46, Vote Sheet along with other relevant information shall be circulated to the Facility Manager/designee for a decision.**
 - b. **If approved, the Facility Manager/designee shall provide a copy of the written rationale, the DC-46, current recommendations from medical and/or psychiatric staff, the Security Office, or any other supporting documentation, along with the Z-Code Approval/Continuation Request Form (Attachment 5-A) to his/her respective Regional Deputy Secretary and inspection team by emailing: CR-DOC Eastern Region Inspection Team; CR-DOC Central Region Inspection Team; or CR-DOC Western Region Inspection Team. If the Facility Manager disapproves the addition/continuation of the “Z” Code, there is no need to submit an approval packet to the Regional Deputy Secretary.**
 - c. **The Regional Deputy Secretary’s decision will be forwarded to the Facility Manager. If approved, the Facility Manager will direct the Unit Management Team to update the inmate’s program code in the Unit Management System under the “Program Code” section, note in the Inmate Cumulative Adjustment Record (ICAR), and in the Pennsylvania Additive Classification Tool (PACT). The update shall include the date of approval and brief rationale for adding/continuing “Z” Code.**

⁵ 4-4133

(Exhibit 97)

11.2.1, Reception and Classification Procedures Manual
Section 5 – Single-Celling (“Z” Code) and Double-Celling Housing

- d. *At a minimum, the review of existing “Z” Codes shall be conducted during the annual review.*
 - e. *The assignment of temporary “Z” Codes are not subject to review by the Regional Deputy Secretary. All “Z” Codes assigned longer than six continuous months shall not be considered temporary and must be reviewed by the Regional Deputy Secretary. Assignment or removal of temporary “Z” Codes may not require a DC-46; however, rationale for the assignment or removal of the temporary code is required to be documented in the ICAR.*
 - f. *Removal of the “Z” Code does not require review by the Regional Deputy Secretary. However, the removal of a “Z” Code will require the Facility Manager’s approval via the DC-46 Vote Sheet procedures.*
5. Use of Program Code “Z”
- a. “Z” Code housing status can be assigned to an inmate any time during an inmate’s incarceration.
 - b. In addition to staff-initiated housing evaluations, an inmate may request to be reviewed for the addition or deletion of “Z” Code housing classification. Staff shall make the final determination regarding Program Code “Z” addition or removal according to procedures in **Subsection C.4. above**. Unless there is an obvious demonstrated need, this will be completed at the inmate’s regularly scheduled annual review. If the inmate meets the criteria for consideration of a single cell, the counselor shall follow procedures outlined in **Subsection C.4. above**. If the inmate does not meet the criteria, the counselor shall inform the inmate of his/her ineligibility and document the specific reason why in the **ICAR**.
 - c. An inmate assigned Program Code “Z” due to an inability to double cell is not necessarily precluded from open dormitory housing if staff believe the inmate or others will not be jeopardized as the result of the dormitory housing placement.
 - d. The “Z” Code housing status is not necessarily a permanent status. An inmate who is classified with a “Z” Code shall be reviewed at least annually and at any other staffing to insure the code is still the most appropriate housing classification.
 - e. An inmate assigned Program Code “Z” due to assaultive tendencies towards cell partners or who staff have reason to believe would be assaultive toward cell partners:
 - (1) shall be Custody Level 4 or greater as determined by the PACT in accordance with **Section 3** of this procedures manual. Staff shall make a notation in the “Security Concerns” section of the Unit Management System, specifying the type of assaultive behavior (e.g., physical/sexual);
 - (2) who is identified as a Facility Sexual Predator must be assigned Custody Level 4 or 5 and Program Codes “Z” and “H”;

(Exhibit 98)

STAFF WRITTEN STATEMENT OF SEXUAL ABUSE/HARASSMENTLOCATION: Clinic Area DATE: 2-20-18 TIME: 1230 CASE: 7013-P-197LAST NAME: Trice FIRST: [REDACTED]

DOB: [REDACTED] EMPLOYEE NUMBER: [REDACTED]

FACILITY OF EMPLOYMENT: SCI Huntingdon[REDACTED] Trice, hereby state that Lt Maxwell has identified himself/herself to me as a
Commissioned Officer employed by the Pennsylvania Department of Corrections. [REDACTED] (Initial)The following statement is being given by me freely and without coercion for official Commonwealth business and will be
considered for all purposes, including actions under the Statutes of this Commonwealth, just as though it had been sworn or
affirmed before a court of law or formal arbitration panel. [REDACTED] (Initial)

I was reviewing sick call slips when I saw Inmate Brown MA6401
 slip with the allegation of abuse from 2-3-18 to 2-7-18. I then
 spoke on 2-7-18. I reported to Captain responded to RHE I
 LT ordered to assess Inmate. Inmate refused medical treatment
 refused to have pictures taken. There were no noted injuries
 or markings related to the allegation claimed. [REDACTED]

I have read and understand this entire statement or it has been read and explained to me. I have signed this statement
 indicating that it is true and correct.

Having read this statement, which was given by me for official Commonwealth business, to be considered for all purposes,
 including actions under the Statutes of this Commonwealth, just as though it had been sworn or affirmed before a court of law or
 formal arbitration panel, I find I have nothing further to add.

(Witness)

Page 1 of 1

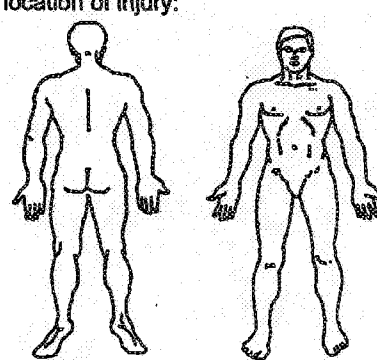
(Signature of Person Making Statement) /Date

DC-ADM 008, Prison Rape Elimination Act (PREA) Procedures Manual Attachment 5-C, Page 1
 Section 5 - Investigating Allegations of Sexual Harassment and/or Sexual Abuse

Issued: 8/22/2016
 Effective: 9/22/2016

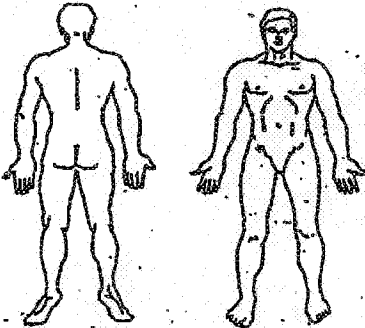
DEF000040

(Exhibit 99)

MEDICAL INCIDENT/INJURY REPORT			
Person Involved:	(Last Name) Brown	(First Name) Gertner	(Middle Initial)
Reported to Medical Department:		Date: 2-13-18	Time: 2225
		Date of Birth: [REDACTED]	
Date of Incident: 2-3-18/2-7-18	Time of Incident: Unknown	Exact location of Incident: GAI008	
Inmate: (check) <input checked="" type="checkbox"/>	Inmate/Employee number: N06701	Housing unit: GDI005	Work related: (Check) Yes <input type="checkbox"/> No <input type="checkbox"/>
Employee: (check) <input type="checkbox"/>	Supervisor (Name/Title):		Sport related: (Check) Yes <input type="checkbox"/> No <input type="checkbox"/>
Department:		Job title:	
Visitor/Other: (check) <input type="checkbox"/>	Home address:		Home phone:
Occupation:		Reason for presence at this facility:	
Property Involved: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Equipment Involved: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Describe:		Was person authorized to be at location of incident: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
1. Describe exactly what happened, why it happened and action(s) taken. Describe all injuries to the body and include specific information regarding the part(s) of the body impacted. Describe the damage to property and/or equipment. NET/Nursing Protocol used Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Description of Illness/Injury: PROM allegation re inmate Allen 1/15/18			
(Continue on reverse)			
2. Treatment rendered: Inmate refused medical attention to this time Only wants to be seen by MD. refused to have photo taken. per policy			
(Continue on reverse)			
3. Follow-up: 2-13-18 in medical			
(Continue on reverse)			
Physician notified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Family notified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Name: _____ Time: _____	
Person involved seen by a facility practitioner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date: _____ Time: _____	Where? _____ Practitioner's name: _____
Person involved taken to a hospital? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date: _____ Time: _____	Where? _____ Transport Mode? _____
Type of injury: 1. Laceration <input type="checkbox"/> 2. Hematoma <input type="checkbox"/> 3. Abrasion <input type="checkbox"/> 4. Burn <input type="checkbox"/> 5. None Apparent <input checked="" type="checkbox"/> 6. Other <input type="checkbox"/> Specify: _____		Indicate on diagram location of injury: 	
Date of report: 2-13-18	Signature & title of person preparing report: [Signature] TRICE LPH		Reviewing Authority:

(Exhibit 100)

DC-457

MEDICAL INCIDENT/INJURY REPORT					
Person Involved:	(Last Name) <u>Brown</u>	(First Name) <u>Gartor</u>	(Middle Initial)	(check) Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Reported to Medical Department:	Date: <u>NA</u>	Time:	Date of Birth: <u>[REDACTED]</u>		
Date of Incident: <u>2-7-18</u>	Time of Incident: <u>2200</u>	Exact location of Incident: <u>GD1005</u>			
Inmate: (check) <input checked="" type="checkbox"/>	Inmate/Employee number: <u>NA6401</u>	Housing unit: <u>GD</u>	Work related: (Check) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sport related: (Check) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Employee: (check) <input type="checkbox"/>	Supervisor (Name/Title):				
Department:			Job title:		
Visitor/Other: (check) <input type="checkbox"/>	Home address:		Home phone:		
Occupation:		Reason for presence at this facility:			
Property Involved: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Equipment Involved: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Was person authorized to be at location of incident: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe:					
1. Describe exactly what happened, why it happened and action(s) taken. Describe all injuries to the body and include specific information regarding the part(s) of the body impacted. Describe the damage to property and/or equipment. NET/Nursing Protocol used Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Description of illness/injury:					
<u>PRFA allegation, voice attempt occurred 2/5, assault occurred 2/7/18</u>					
<u>at approx 2200. There are no injuries to this inmate observed.</u> (Continue on reverse)					
2. Treatment rendered:					
<u>Nursing Assessment No injuries observed by this nurse. Pictures taken of inmate as inmate allowed.</u> (Continue on reverse)					
3. Follow-up: (Continue on reverse)					
Physician notified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Family notified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Name: Time:	
Person involved seen by a facility practitioner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date:	Time:	Where?	Practitioner's name:
Person involved taken to a hospital? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date:	Time:	Where?	Transport Mode?
Type of injury:		Indicate on diagram location of injury:			
1. Laceration <input type="checkbox"/>					
2. Hematoma <input type="checkbox"/>					
3. Abrasion <input type="checkbox"/>					
4. Burn <input type="checkbox"/>					
5. None Apparent <input checked="" type="checkbox"/>					
6. Other <input type="checkbox"/>					
Specify: _____					
Date of report: <u>2-14-18</u>	Reporting report: <u>Emish DV</u>		Reviewing Authority: <u>[Signature]</u>		

13.1.1. Management and Administration of Health Care Procedures Manual
 Section 5 – Occupational Exposure to Blood-borne Pathogens
 Issued: 2/6/2017 Effective: 2/13/2017

Attachment 5-D
 Page 1 of 2

DEF000118

D009

(Exhibit 101)

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

MS SPYKER

2. Date:

6/12/19

3. By: (Print Inmate Name and Number)

Gartor Brown NA6401

4. Counselor's Name

-

5. Unit Manager's Name

House

6. Work Assignment

-

7. Housing Assignment

GA 111

8. Subject: State your request completely but briefly. Give details.

P.R.E.A. on 5/24/19, c/o Hariss came to get me for a Rape counseling, after taking me to the D.T.U. and putting me in a cage, c/o Hariss would put to P.R.E.A. phone in front of me has he has done before. As the phone started to ring, I asked and told the c/o he could not pick the phone up that it would break all confidentiality in which had already been confirmed by the P.R.E.A. Counselor over the ~~phone~~ phone weeks prior. The c/o asserted "your not picking up our fucking phone" I then told the c/o he could pick it up, but to hand the phone to me, I was ignored, the c/o picked the phone up & started to talk to the P.R.E.A. Counselor, before handing me the phone, the c/o then left the room leaving the door wide open so other inmates can hear me, talk out of retaliation. The P.R.E.A. counselor again told me over the phone that she would report the c/o actions. This is an issue because, a inmate King AKA Daise while I was housed on GA back in April & March this inmate told me c/o told him I was playing the rape hot line & was threatening & harassing me. Because of such, I asked for separation the the inmate. The c/o actions on 5/24/19 confirmed the confidentiality policy.

9. Response: (This Section for Staff Response Only)

MR. Brown-

The officers do verify who is on the telephone before they hand you the telephone. That is not a

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Sign

Date

6/20/19

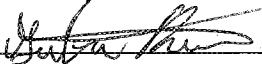
Revised July 2000

violation.

you indicate the officer walked out providing you confidentiality.

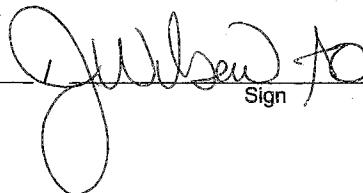
(Exhibit 102)

E Unit - B Pod

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) P.B.E.A. coordinator		2. Date: 1/6/20	
3. By: (Print Inmate Name and Number) Gertie Brown NA6461  Inmate Signature		4. Counselor's Name E-Unit	
6. Work Assignment —		5. Unit Manager's Name E-Unit	
		7. Housing Assignment EB - Cell 31	
8. Subject: State your request completely but briefly. Give details. Pursuant to the 008 Policy I was under going counseling once every 30 days over the phone. With due respect it was in relation to my claims of sexual assault.			
9. Response: (This Section for Staff Response Only)			
I have put the paperwork that needs to be signed to your counselor and psychology. The calls at Forest are on Thursday and you will be on a callout that says teleconference to the visit area. The calls rotate and only sometimes on a 6 week rotation.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print



Sign

Date

1.9.2020

Certificate OF Service

I Gortor Kiki Brown here Pro se as Plaintiff certify that a file and correct copy of his Motion For Summary Judgment (1) Page, Plaintiff's Statement OF Undisputed Material Facts (2) Pages, memorandum of law in support of Motion For Summary Judgment (3) Pages (2) Pages of which is Plaintiff's declaration (102) Exhibits, Exhibit (45) has (15) Exhibits was all put into the Prison's mail box for first class Postage to the address below on April 23, 2020.

United States District Court Middle District
235 North Washington Ave
P.O. Box 1148
Scranton, PA 18501

Dated 4/23/20

Gortor Kiki Brown NA6401 *Kiki Brown*
P.O. Box 307
286 Woodland Drive
Marienville, PA 16239
Sci Forest.

Garter Brown NA6401
P.O. Box 307
286 Woodland Drive
Marienville, PA 16239

RECEIVED
SCRANTON
APR 27 2020
PER [Signature] DEPUTY CLERK

United States District Court
Middle District of Pennsylvania
235 North Washington Ave
Scranton, PA 18501

INMATE
MAIL

neopost
04/24/2020
PRIORITY MAIL
US POSTAGE \$008.70



ZIP 16239
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